

**MEMORANDUM**

**TO:** Boards and Commissions Director, Office of the Governor - [boards@alaska.gov](mailto:boards@alaska.gov)

**THRU:** \_\_\_\_\_

**FROM:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SUBJECT:** Appointment Request for Person & Position: \_\_\_\_\_

Request approval to: \_\_\_\_\_ If acting, expiration date: \_\_\_\_\_

For the Following Agency: \_\_\_\_\_

Requested Start Date: \_\_\_\_\_ Priority/Time Sensitive: \_\_\_\_\_

Priority/Time Sensitive Justification:

Position Type: \_\_\_\_\_

Date PCN Last Filled: \_\_\_\_\_

<b>PCN:</b>	<b>Budgeted Position</b>	<b>Former Employee</b>	<b>New Employee</b>
Location			
Range / Step			
Base Salary ( <i>excl. benefits</i> )			
Total Cost			
Funding Source(s)			

**Please attach resume and, if relevant, the PCN history.**

Explanation (See Chief of Staff Memo dated 7/15/2022):

ASD Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Payroll Services / DOP Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Commissioner Approval: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*FOR OMB/OOG USE ONLY\*\*\*\*\*

Office of Management and Budget Review:  Approved  Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Governor's Office Approval:  Approved  Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_